## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on Japuary 31 unless a renewal is submitted between December 1 and January 31,

## Instructions

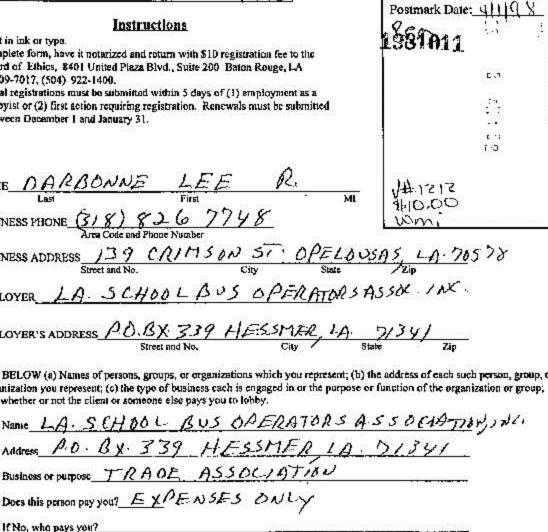
Print in ink or type.

Name Address

Does this person pay you?\_\_\_\_\_

Complete form, have it notarized and roturn with \$10 registration fee to the Board of Ethics, \$401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400,

Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December I and January 31.



l obhvisi's Registration Number

FOR OFFICE USE ONLY

| I. NAME DARBONNE   | LEE R  | . м. у                 | H-1515                             |
|--|--|------------------------|------------------------------------|
| 2. BUSINESS PHONE (3/8) 82   | 6 7748<br>umber                                    |                        | wm.                                |
| Street and No.   | MSON ST  | State /                | Zip                                |
| 4. EMPLOYER LA. SCHOO  | LBUS OPE   | RATORS ASS             | X. IX.                             |
| 5. EMPLOYER'S ADDRESS P. Street and  |  | (FAZ 1-A) 5/1.         | 3 y / Zip                          |
| 6. LIST BELOW (a) Names of persons, groups, organization you represent; (c) the type of b (d) whether or not the client or someone els | usiness each is engaged in<br>e pays you to lobby. | ar the purpose or func | tion of the organization or group; |
| 1. Name LA SCHOOL  |  |                        |                                    |
| Address P.D. B X. 335  |  |                        | 1341                               |
| Business or purpose TRAOE  | ASSOCIA  | TIBN                   | - ACCURACY AND VINE SOUTH          |
| Does this person pay you? EXP.   | ENSES ONL  | Y                      |                                    |

Business or purpose

If No, who pays you?

## LOBBYING REGISTRATION FORM



| 3.  | Name   |
|-----|--|
|     | Address  |
|     | Business or purpose  |
|     | Does this person pay you?  |
|     | If No, who pays you?   |
| 4.  | Name   |
|     | Address  |
|     | Business or purpose  |
|     | Does this person pay you?  |
|     | If No, who pays you?   |
|     | Name   |
|     | Address  |
|     | Business or purpose  |
|     | Does this porson pay you?  |
|     | If No, who pays you?   |
|     | 25   |
| Ste | te of LOUISIANA  |
| Pan | ish of 57 LANDRY   |
|     | fore me, the undersigned authority, personally came and appeared <u>IFE PrOADBOVIF</u> who, after being sworn by me, did declare and acknowledge to me that the above statements are true and correct. |
|     | - Ruc Donke  |
| Sw  | Signature of Lobbyist  On to and subscribed before me on this 31 day of  |
| No  | tary Public  |
|     | v. 8/97  |
|     |  |